Case 16-14708 Doc 1 Filed 04/08/16 Page 1 of 41 Fill in this information to identify your case: United States Bankruptcy Court for the: DISTRICT OF MARYLAND Case number (if known) Chapter you are filing under: Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Check if this an amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on Latisha your government-issued First name First name picture identification (for example, your driver's license or passport). Middle name Middle name Bring your picture Johnson identification to your Last name and Suffix (Sr., Jr., II, III) Last name and Suffix (Sr., Jr., II, III) meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal xxx-xx-4466 Individual Taxpayer Identification number (ITIN)

all of the forms.

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Debtor 1 Latisha Johnson Case number (if known) **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Any business names and Employer Identification Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs **EINs** Where you live If Debtor 2 lives at a different address: 9217 Leigh Choice Ct Gwynn Oak, MD 21207 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Baltimore** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Dei	Latisna Johnson					Case number (if known)		
Par								
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	Char	oter 7					
		☐ Chap	oter 11					
		☐ Chap	oter 12					
		☐ Chap	oter 13					
8.	How you will pay the fee	ab or	out how yo	ou may pay. Typic attorney is submi	ally, if you are paying the fee yo	ck with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
			eed to pa	y the fee in instal	Ilments. If you choose this option	on, sign and attach the Application for Individuals to Pay		
			-		Official Form 103A).	a anh if yay are filing for Chapter 7. Dy law a judge may		
		bu ap	it is not req plies to yo	uired to, waive yo ur family size and	ur fee, and may do so only if yo you are unable to pay the fee i	n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that n installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.		
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes.						
	acto youro.	□ 163.	District		When	Case number		
			District		When	Coco number		
			District		When	Case number Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to li	ine 12.				
	i voidelloe i	☐ Yes.	Has yo	ur landlord obtain	ed an eviction judgment agains	t you and do you want to stay in your residence?		
				No. Go to line 12				
				Yes. Fill out <i>Initia</i> bankruptcy petition		Judgment Against You (Form 101A) and file it with this		

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of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Mumber, Street, City, State & ZIP Code	Deb	otor 1 Latisha Johnson				Case number (if known)			
Are you a sole proprietor of any full- or part-time business?		1							
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an obstance of the sole proprietorship, use a senderate gall all is and as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: I stingle year to you on the second in 11 U.S.C. § 101(51B)) I stockbroker (as defined in 11 U.S.C. § 101(51B)) I stockbroker (as defined in 11 U.S.C. § 101(51B)) I you are filing under Chapter 11, the court must know whether you are a small business debtor according to the definition in 11 U.S.C. § 101(51D). I am not filing under Chapter 11. No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy or you you own or have any part your yit that pease or is alleged to pose a threat of your way are your your your that must be fed, or a building that needs urgent repairs? If imm	Dar	Penort About Any Ru	elnoceoe	Val. Own	s as a Sala Propris	ator.			
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Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? If immediate attention is needed? Where is the property?		alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?				
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Debtor 1 Latisha Johnson Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Ab				

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only In a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Del	btor 1 Latisha Johnson			Case numb	DEF (if known)			
Pai	rt 6: Answer These Ques	tions for F	Reporting Purposes					
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incur individual primarily for a personal, family, or household purpose."						
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily money for a business or i	s that you incurred to obtain siness or investment.				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts yo	ou owe that are not consumer debts or busine	ess debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	oter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99)	☐ 5001-10,000	5 0,001-100,000			
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000			
19.	How much do you	\$0 - \$	650.000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,0	01 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities	\$0 - \$	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion			
Par	t 7: Sign Below							
For	you	I have ex	camined this petition, and I co	declare under penalty of perjury that the infor	mation provided is true and correct.			
		If I have United St	chosen to file under Chapte tates Code. I understand th	er 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I c	, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.			
		If no atto	rney represents me and I di nt, I have obtained and read	id not pay or agree to pay someone who is no I the notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this			
		I request	relief in accordance with th	e chapter of title 11, United States Code, spe	ecified in this petition.			
		l understand bankrupt and 357	gy case can result in fines u	ent, concealing property, or obtaining money out to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			Johnson e of Debtor 1	Signature of Debto	or 2			
		Executed	ion $\frac{7}{5}$	Executed on				
			MIMI / D/D / YYYY '	MIV	I/DD/YYYY			

	Case 1	L6-14708	Doc 1	Filed 04/08/16	Page 7 of 41			
Debtor 1 Latisha Johnson					Case number (if known)			
For you if you are filing this pankruptcy without an attorney	people find it	t extremely di	ifficult to rep	resent themselves su	nkruptcy court, but you should understand that many ccessfully. Because bankruptcy has long-term bire a qualified attorney.			
f you are represented by an attorney, you do not need to ile this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake inaction may affect your rights. For example, your case may be dismissed because you did not file a required document pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another cas or you may lose protections, including the benefit of the automatic stay.							
	a particular de not be dischal judge can also destroying or	ebt outside of y rged. If you do o deny you a c hiding propert	your bankrup not list prope discharge of a y, falsifying re	tcy, you must list that de erty or properly claim it a all your debts if you do s ecords, or lying. Individu	ou are required to file with the court. Even if you plan to pay be to in your schedules. If you do not list a debt, the debt may as exempt, you may not be able to keep the property. The omething dishonest in your bankruptcy case, such as all bankruptcy cases are randomly audited to determine if a fraud is a serious crime; you could be fined and			
	will not treat y States Bankru	ou differently luptcy Code, the	oecause you e Federal Ru	are filing for yourself. To	follow the rules as if you had hired an attorney. The court obe successful, you must be familiar with the United dure, and the local rules of the court in which your case is at apply.			
	Are you aware □ No ■ Yes	e that filing for	bankruptcy is	s a serious action with Io	ong-term financial and legal consequences?			
				serious crime and that i	if your bankruptcy forms are inaccurate or incomplete, you			
	■ No			o is not an attorney to h	nelp you fill out your bankruptcy forms?			
	☐ Yes	Name of Pe Attach Bani		on Preparer's Notice, De	eclaration, and Signature (Official Form 119).			
	By signing her this notice, an not properly to	d I am aware t	hat filing a ba	lerstand the risks involventher the same and the risks involventher the same without a	ed in filing without an attorney. I have read and understood an attorney may cause me to lose my rights or property if I do			
	Latisha Joh Signature of D		V21,102	Si	gnature of Debtor 2			
	Date	15/14	2	Da	ateMM / DD / YYYY			
	Contact phone			Co	ontact phone			
	Cell phone	443-416-	0621		ell phone			
	Fmail address	ł .		En	nail address			

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164738

Fill	ill in this information to identify your case:		
De	ebtor 1 Latisha Johnson		
Del	First Name Middle Name ebtor 2	Last Name	6 APR - 8 - 14 12-12
(Spc	pouse if, filing) First Name Middle Name	Last Name	,因此是一种。 1. 图 1. 图
Uni	nited States Bankruptcy Court for the: DISTRICT OF MARYLAND		Milyyd Torrania.
	ase numberknown)		
	,		Check if this is an amended filing
<u>Of</u>	official Form 106Sum		
	ummary of Your Assets and Liabilities and Cer		12/15
forn	e as complete and accurate as possible. If two married people are filing rmation. Fill out all of your schedules first; then complete the Informat ur original forms, you must fill out a new Summary and check the box	ion on this form. If you are filing amended	or supplying correct in- schedules after you file
	art 1: Summarize Your Assets	at the top of this page.	
, α,	Outside Four Assets		
			Your assets Value of what you own
1.			s 0.00
	1a. Copy line 55, Total real estate, from Schedule A/B		
	1b. Copy line 62, Total personal property, from Schedule A/B		\$9,800.53
	1c. Copy line 63, Total of all property on Schedule A/B		\$ 9,800.53
Par	art 2: Summarize Your Liabilities		
			Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official F	Form 106D)	Amount you owe
٠.	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the botton	n of the last page of Part 1 of Schedule D	\$
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 10 3a. Copy the total claims from Part 1 (priority unsecured claims) from lir	6E/F)	s 0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from		
	55. Sopy the lotal claims from Fart 2 (nonpriority dissectived claims) from	in line of or Scriedule E/F	\$15,747.00
		Your total liabilities	\$ 15,747.00
Par	art 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$ 1,040.00
5.			
٥.	Copy your monthly expenses from line 22c of Schedule J		\$1,328.00
Par	art 4: Answer These Questions for Administrative and Statistical Rec	cords	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this	box and submit this form to the court with you	ır other schedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are thousehold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for static	those "incurred by an individual primarily for a stical purposes. 28 U.S.C. § 159.	a personal, family, or
	☐ Your debts are not primarily consumer debts. You have nothing the court with your other schedules.	to report on this part of the form. Check this	box and submit this form to

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B. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Case number (if known)

1,235.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	ilm
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this info	armation to ide	ntify your occors	and this filings			
		ntify your case a	ina this ining:			
Debtor 1	Latisha C	Johnson	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Name		
		rt for the DISTI	RICT OF MARYLAND	Lastinaine		
United States i	Dankruptcy Coul	rt for the: DIST	RICT OF WARTLAND			
Case number						Check if this is an amended filing
1						amonded ming
Official F	orm 106 <i>A</i>	\/R				
			\ =			
· · · · · · · · · · · · · · · · · · ·		Property describe items	<u></u>	an agast fits in more than	one category, list the asset in	12/15
think it fits best.	Be as complete ore space is need	and accurate as pe	ossible. If two married peop	le are filing together, both	are equally responsible for si ges, write your name and cas	pplying correct
Part 1: Describ	e Each Residenc	e, Building, Land,	or Other Real Estate You C	wn or Have an Interest in		
			st in any residence, building		?	
		or equitable interes	ot in any residence, building	g, land, or similar property i	•	
No. Go to P						
Tes. vvnere	e is the property?					
Part 2: Describ	e Your Vehicles					
□ No ■ Yes 3.1 Make:	Chrylser		Who has an interest in t	he property? Check one	Do not deduct secured of the amount of any secure	
Model: Year:	Town & Cou 2005	intry	Debtor 1 only		Creditors Who Have Clai	
	ate mileage:	180,000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2	only	Current value of the entire property?	Current value of the portion you own?
Other info	ormation:		At least one of the deb			
			Check if this is commo	nunity property	\$750.00	\$750.00
Examples: Bo No Yes 5 Add the dol pages you l Part 3: Describ	eats, trailers, mo	tors, personal wa portion you ow or Part 2. Write (d other recreational veh tercraft, fishing vessels, s in for all of your entries that number here	nowmobiles, motorcycle a	ny entries for	\$750.00 Current value of the portion you own? Do not deduct secured
0 11						daims or exemptions.
	goods and furni Najor appliances		china, kitchenware			

Official Form 106A/B

Schedule A/B: Property

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Debtor 1	Latisha Jo	hnson	Case number (if known)	
■ Yes	. Describe			
		Household goods and furnishings		\$1,500.00
□ No	oles: Televisions	s and radios; audio, video, stereo, and digital equipment; computers, cell phones, cameras, media players, games	printers, scanners; music collections	s; electronic devices
		3 TV's and 2 DVD players		\$600.00
		cellphone		\$100.00
Examp		nd figurines; paintings, prints, or other artwork; books, pictures, or ot ctions, memorabilia, collectibles	ner art objects; stamp, coin, or baset	pall card collections;
Examp No	nent for sports oles: Sports, pho musical ins	otographic, exercise, and other hobby equipment; bicycles, pool table	es, golf clubs, skis; canoes and kaya	ks; carpentry tools;
■ No		les, shotguns, ammunition, and related equipment		
■ No		clothes, furs, leather coats, designer wear, shoes, accessories		
□ No		jewelry, costume jewelry, engagement rings, wedding rings, heirloor	n jewelry, watches, gems, gold, silve	er
, 55.		assorted rings, necklaces, bracelets and earrings		\$150.00
Exam ■ No □ Yes. 14. Any of ■ No	arm animals ples: Dogs, cats Describe ther personal a Give specific i	and household items you did not already list, including any heal	th aids you did not list	
		e of all of your entries from Part 3, including any entries for pag tt number here	es you have attached	\$2,350.00
	escribe Your Fina			rant value at the
no you o/	wn or nave any	legal or equitable interest in any of the following?	por	rrent value of the tion you own? not deduct secured

Official Form 106A/B

Schedule A/B: Property

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DE	Latisna Jo	onnson	Case number (if know	'n)
				claims or exemptions.
	■ No	ou have in your wallet, in your h	nome, in a safe deposit box, and on hand when you file your pe	etition
17.	Deposits of money Examples: Checking	g, savings, or other financial acc	counts; certificates of deposit; shares in credit unions, brokerag ts with the same institution, list each.	ge houses, and other similar
	Yes		Institution name:	
		17.1.	Wells Fargo Bank	\$0.00
18.		ds, or publicly traded stocks ds, investment accounts with b	rokerage firms, money market accounts	
	■ No □ Yes	Institution or issue		
	joint venture	I stock and interests in incorp	porated and unincorporated businesses, including an inter	est in an LLC, partnership, and
	■ No □ Yes. Give specific	information about themName of entity:		
	Negotiable instrume	nts include personal checks, ca	otiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.	
		information about them Issuer name:		
21.	_		403(b), thrift savings accounts, or other pension or profit-sharin	ng plans
	■ No □ Yes. List each acco	ount separately. Type of account:	Institution name:	
		used deposits you have made s	to that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications comp	panies, or others
	☐ Yes		Institution name or individual:	
	Annuities (A contrac	ct for a periodic payment of mon	ney to you, either for life or for a number of years)	
	□ Yes	Issuer name and description.		
	26 U.S.C. §§ 530(b)(1	ation IRA, in an account in a (1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition p	orogram.
	■ No □ Yes	Institution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):
	Trusts, equitable or ■ No	future interests in property (other than anything listed in line 1), and rights or powers e	xercisable for your benefit
		information about them		
			and other intellectual property eds from royalties and licensing agreements	

Official Form 106A/B Schedule A/B: Property page 3

 $\hfill \square$ Yes. Give specific information about them...

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Debtor 1	Latisha Johnson		Case number (if known)	4
Exam ■ No	ses, franchises, and other general ples: Building permits, exclusive and Give specific information about	icenses, cooperative association holding	gs, liquor licenses, professional licens	ses
***************************************	property owed to you?			Current value of the portion you own?
		e Agentine Service	· "想"数据:	Do not deduct secured claims or exemptions.
□ No	funds owed to you Give specific information about t	hem, including whether you already filed	the returns and the tax years	
		Tax refund	Federal	\$5,447.53
		Tax refund	State	\$1,253.00
30. Other a Examp ■ No □ Yes. 31. Interes	benefits; unpaid loans you r Give specific information sts in insurance policies	urance payments, disability benefits, sic nade to someone else rance; health savings account (HSA); cr		
■ No	Name the insurance company of Company	each policy and list its value.	Beneficiary:	Surrender or refund value:
If you somed		ou from someone who has died t, expect proceeds from a life insurance	policy, or are currently entitled to rec	eive property because
Examµ ■ No	s against third parties, whether oles: Accidents, employment disp Describe each claim	or not you have filed a lawsuit or madutes, insurance claims, or rights to sue	de a demand for payment	
■ No	contingent and unliquidated class	aims of every nature, including count	erclaims of the debtor and rights to	set off claims
■ No	nancial assets you did not alrea	dy list		
		tries from Part 4, including any entrie		\$6,700.53

Official Form 106A/B

Schedule A/B: Property

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Deb	tor 1	Latisha Johnson	<u> </u>	Case number (if known)	
Part	5: De:	scribe Any Business-Related Property You Own or Have an Interc	est In. List any real esta	ate in Part 1.	
37 D	o vou c	own or have any legal or equitable interest in any business-relate	d property?		
	•	to Part 6.	a property.		
		so to line 38.			
	165. 0	to line 36.			
Part	6 Des	scribe Any Farm- and Commercial Fishing-Related Property You	Own or Have an Interes	st In.	
		ou own or have an interest in farmland, list it in Part 1.			
46. [Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
		Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
53. [ο νου	have other property of any kind you did not already list?	1		
		oles: Season tickets, country club membership			
_	No				
] Yes.	Give specific information			
54	Δ d d +	he dollar value of all of your entries from Part 7. Write tha	ıt numher here		\$0.00
J 4 .	Auu	ne donar value of all of your entries from Part 7. Write the	it mannber nere		φ0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$750.00		
57.	Part 3	3: Total personal and household items, line 15	\$2,350.00		
58.	Part 4	l: Total financial assets, line 36	\$6,700.53		
59.	Part 5	i: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$9,800.53	Copy personal property total	si \$9,800.53
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$9.800.53

Schedule A/B: Property

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Debtor 1	Latisha Johnson			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number				☐ Check if this is an

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amo Che	Specific laws that allow exemption		
2005 Chrylser Town & Country 180,000 miles	\$750.00		\$750.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	• • • • • • • • • • • • • • • • • • • •	
Household goods and furnishings Line from Schedule A/B: 6.1	\$1,500.00		\$1,500.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line nom Schedule Avb. 4.1			100% of fair market value, up to any applicable statutory limit		
3 TV's and 2 DVD players Line from Schedule A/B: 7.1	\$600.00		\$600.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line Hom Schedule AVB. 1.1			100% of fair market value, up to any applicable statutory limit	, , , , , , , , , , , , , , , , , , ,	
cellphone Line from Schedule A/B: 7.2	\$100.00		\$100.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line from Schedule Avb. 1.2			100% of fair market value, up to any applicable statutory limit		
assorted rings, necklaces, bracelets and earrings	\$150.00	=	\$150.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		

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Debtor	T1 Latisha Johnson			Case number (if known)			
	lef description of the property and line on thedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own. Copy the value from Check only one box for each exemption.			Specific laws that allow exemption		
		Schedule A/B		A decapación comincionar a la cominciona			
	ells Fargo Bank ne from Schedule A/B: 17.1	\$0.00		\$0.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)		
Lii	le from <i>Schedule AVB</i> : 17,1			100% of fair market value, up to any applicable statutory limit	1100. 3 11-004(0)(0)		
	ederal: Tax refund	\$5,447.53		\$5,000.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)		
LII	ie IIIIII Schedule PVB. 20.1			100% of fair market value, up to any applicable statutory limit	1100. 3 11-30-(1)(1)(1)(1)		
	State: Tax refund Line from Schedule A/B: 28.2	\$1,253.00		\$1,253.00	Md. Code Ann., Cts. & Jud.		
Lii	ie iioiii Schedule PVD. 20.2			100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(5)		
	re you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cove No Yes	3 years after that for ca	ases fi	·			

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Fill in this information to identify your case:							
Latisha Johnson	, , , , , , , , , , , , , , , , , , , ,						
First Name	Middle Name	Last Name					
First Name	Middle Name	Last Name					
ankruptcy Court for the:	DISTRICT OF MARYLAND						
	· · · · · · · · · · · · · · · · · · ·				Check if this is an amended filing		
	Latisha Johnson First Name	Latisha Johnson First Name Middle Name First Name Middle Name	Latisha Johnson First Name Middle Name Last Name First Name Middle Name Last Name	Latisha Johnson First Name Middle Name Last Name First Name Last Name	Latisha Johnson First Name Middle Name Last Name First Name Middle Name Last Name		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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Fill in this info	rmation to identify your	case:			
Debtor 1	Latisha Johnson				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	sankruptcy Court for the:	DISTRICT OF MARY	LAND		
0					
Case number (if known)				п	check if this is an
				_	mended filing
					J
Official For					
	E/F: Creditors W		cured Claims		12/15
Schedule G: Exec Schedule D: Cred left. Attach the Co name and case no	cutory Contracts and Unexp litors Who Have Claims Sec	ired Leases (Official Forr ured by Property. If more je. If you have no informa	im. Also list executory contracts on S n 106G). Do not include any creditors space is needed, copy the Part you n tion to report in a Part, do not file that	with partially secured claims eed, fill it out, number the en	that are listed in tries in the
	itors have priority unsecure				
No. Go to	Part 2.				
Yes.					
	All of Your NONPRIORIT	Y Unsecured Claims			
	itors have nonpriority unsec		?		
-	• •		court with your other schedules.		
	lave nothing to report in this p	art. Submit this form to the	court with your other schedules.		
Yes.					
unsecured cla	aim, list the creditor separately	y for each claim. For each	order of the creditor who holds each c claim listed, identify what type of claim it i rt 3.If you have more than three nonprior	is. Do not list claims already inc	luded in Part 1. If more
					Total claim
	notive Credit Corp	Last 4 dig	gits of account number		\$7,177.00
26261	rity Creditor's Name Evergreen Rd 300	When wa	s the debt incurred?		_
	field, MI 48076 Street City State Zlp Code	As of the	date you file, the claim is: Check all th	at apply	
Who inc	curred the debt? Check one.				
■ Debt	or 1 only	☐ Contin	gent		
☐ Debt	or 2 only	□ Unliqu	-		
☐ Debt	or 1 and Debtor 2 only	☐ Disput			
	ast one of the debtors and and		ONPRIORITY unsecured claim:		
	ck if this claim is for a com				
debt	aim subject to offset?	☐ Obliga	tions arising out of a separation agreeme	ent or divorce that you did not	
■ No	vanjoot to onloct!	· · · · · · · · · · · · · · · · · · ·	to pension or profit-sharing plans, and of	ther similar debts	
□ Yes					
La res		■ Other.	Specify		-

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Debtor 1 Latisha Johnson		Case number (if know)				
4.2	Credit Collection Service Nonpriority Creditor's Name	Last 4 digits of account number 1212	\$558.00			
	PO Box 55126	When was the debt incurred?				
•	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	The state date year may the statement chook an alac apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	□ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Allstate Ins Co				
4.3	Credit Systems Nonpriority Creditor's Name	Last 4 digits of account number	\$77.00			
	1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Radcare MD				
4.4	Enhanced Recovery Company	Last 4 digits of account number	\$1,074.00			
	Nonpriority Creditor's Name PO Box 57547	When was the debt incurred?				
	Jacksonville, FL 32241 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	•				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
-	☐ Check if this claim is for a community	□ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	□ Debts to pension or profit-sharing plans, and other similar debts				
	□ Yes					
	Li res	Other. Specify Sprint				

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Last 4 digits of account number \$306.00	Debtor 1 Latisha Johnson		Case number (if know)				
PO Box 64378 Saint Paul, MM 55164 Number Street CRy State 2 pc Code Who Incurred the debt? Check one. Debtor 1 only	4.5		Last 4 digits of account number	\$306.00			
Number Street City State Zip Code Mbo Incurred the debt? Check one. Debtor 1 only Contingent Debtor 2 only Disputed Debtor 3 only Debtor 3 only Disputed Debtor 4 and Debtor 2 only Disputed Debtor 4 the debtors and another Check if this claim is for a community debt Student teams Dollard Incomment of the debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 pend 5 pend 6 pen		PO Box 64378	When was the debt incurred?				
Debtor 1 only		Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply				
Debtor 1 and Debtor 2 only Disputed Di		_	Contingent				
Debtor 1 and Debtor 2 only		·	_				
At least one of the debtors and another Check if this claim is for a community debt State claim subject to offset? State claim subject to offset? State claim subject to offset? Check if this claim is for a community debt Check if this cla	•	<u> </u>	<u> </u>				
Check if this claim is for a community debt is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to the debt incurred? Obets to the debt incurred? Obets to the debt or of the debt or offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension or profit-sharing plans, and other similar debts Obets to pension		_	,				
debt Is the claim subject to offset? ■ No □ Yes □ Other. Specify Univ of Physicians □ Other. Specify Univ of Specify Univ Other. Spe		_	☐ Student loans				
C System		debt					
Last 4 digits of account number \$79.00		■ No	Debts to pension or profit-sharing plans, and other similar debts				
Nonpriority Creditor's Name PO Box 64378 Saint Paul, MN 55164 Number Street City State Zip Code Who incurred the debty Check one. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 claim subject to offset? Injury Treatment Center of MD, LLC Nonpriority Creditor's Name 8660 Liberty Rd Baltimore, MD 21239 Number Street City State Zip Code Who incurred the debtors and another Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 NonPRIORITY unsecured claim: Student loans Student loans Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor		Yes	Other. Specify Univ of Physicians				
Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 ond betor 2 only Debtor 2 only Debtor 2 only Debtor 1 ond Debtor 2 only Debtor 2 only Debtor 1 ond Debtor 2 only Debtor 2 only Debtor 1 ond Debtor 2 only Debtor 1 ond Debtor 2 only Debtor 2 only Debtor 1 ond Debtor 2 only Debtor 1 ond Debtor 2 only Debtor 1 only Debtor 2 only Disputed Type of NonPRIORITY unsecured claim: Student loans Debtor 2 only Disputed Type of NonPRIORITY unsecured claim: Student loans Debtor 2 only Disputed Type of NonPRIORITY unsecured claim: Student loans Debtor 2 only Disputed Debtor 2 only Debtor 2 only Disputed Debtor 2 only Deb	4.6		Last 4 digits of account number	\$79.00			
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only		PO Box 64378	When was the debt incurred?				
Debtor 2 only		Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply				
Debtor 2 only		Debtor 1 only	☐ Contingent				
Debtor 1 and Debtor 2 only		Debtor 2 only	_				
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim subject			_ ·				
Obligations arising out of a separation agreement or divorce that you did not report as priority claims No		At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
Is the claim subject to offset? No		☐ Check if this claim is for a community	☐ Student loans				
A7 Injury Treatment Center of MD, LLC Last 4 digits of account number Unknown							
Injury Treatment Center of MD, LLC Last 4 digits of account number Unknown		■ No	Debts to pension or profit-sharing plans, and other similar debts				
Nonpriority Creditor's Name 8660 Liberty Rd Baltimore, MD 21239 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Yes	Other. Specify Baltimore Medical System				
## When was the debt incurred? Baltimore, MD 21239	4.7		Last 4 digits of account number	Unknown			
Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		8660 Liberty Rd	When was the debt incurred?				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 only	☐ Contingent				
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	_				
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		_					
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
Is the claim subject to offset? ■ No □ Debts to pension or profit-sharing plans, and other similar debts			☐ Student loans				
☐ Yes ☐ Other. Specify ☐ Malik ☐		■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	٠	Yes	Other. Specify Malik				

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Debtor 1 Latisha Johnson		Case number (if know)				
4.8	Injury Treatment Center of MD, LLC Nonpriority Creditor's Name	Last 4 digits of account number	Unknown			
	8660 Liberty Rd Baltimore, MD 21239	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify Mackynzie				
4.9	JP Jenson Collections Nonpriority Creditor's Name	Last 4 digits of account number	\$1,500.00			
	507 Bathurst Rd Catonsville, MD 21228	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
~	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Ballys				
4.1						
0	Phoenix Financial Service Nonpriority Creditor's Name	Last 4 digits of account number	\$777.00			
	8902 Otis Ave 103A Indianapolis, IN 46216	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	Student loans				
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Other. Specify Verizon				

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Debtor	1 Latisha Johnson	Case number (if know)				
4.1	R and R Recovery	Last 4 digits of account number	\$664.00			
نــا	Nonpriority Creditor's Name PO Box 21575	When was the debt incurred?				
	Baltimore, MD 21282 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
٠	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify American Radiology				
4.1	Sinai Hospital of Baltimore	Last 4 digits of account number	\$1,490.00			
	Nonpriority Creditor's Name 2401 W Belvedere Ave	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	, ,				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
,	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.1 3	SW Credit Systems Inc Nonpriority Creditor's Name	Last 4 digits of account number	\$470.00			
	4120 International 100 Carrollton, TX 75007	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify Comcast				

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Debtor	¹ Latisha	Johnson		Case n	umber (if know)		
4.1 4	Transworl	d Systems	Last 4 digits of account number			\$1,179.00	
	PO Box 15		When was the debt incurred?				
	Number Stree	th, DE 19850 to City State ZIp Code the debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
	Debtor 1 c		☐ Contingent				
	Debtor 2 c		Unliquidated				
	_	and Debtor 2 only	☐ Disputed				
		ne of the debtors and another	Type of NONPRIORITY unsecur	ed claim:			
		his claim is for a community	☐ Student loans				
	debt	subject to offset?	Obligations arising out of a sepreport as priority claims	paration ag	reement or divorce that you did not		
	■ No	,	Debts to pension or profit-shar	ing plans a	and other similar debts		
	□ Yes		Other. Specify Yardmore				
4.1	Transworl	d Systems	Last 4 digits of account number			\$396.00	
ت	Nonpriority Cr PO Box 15	editor's Name 5609	When was the debt incurred?				
	Number Stree	th, DE 19850 It City State ZIp Code If the debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another		☐ Contingent				
			☐ Unliquidated				
			☐ Disputed Type of NONPRIORITY unsecured claim:				
	_	his claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	debt	subject to offset?					
	■ No	•	Debts to pension or profit-shar	ing plans, a	and other similar debts		
	☐ Yes		Other. Specify EMC Eme				
Part 3	List Othe	ers to Be Notified About a Debt	That You Already Listed				
is try	ing to collect f more than one	rom you for a debt you owe to som	eone else, list the original creditor ou listed in Parts 1 or 2, list the add	in Parts 1	dy listed in Parts 1 or 2. For example, or 2, then list the collection agency he editors here. If you do not have addition	re. Similarly, if you	
	and Address		n which entry in Part 1 or Part 2 did yo				
	rt D Wagma Piccard St :				Creditors with Priority Unsecured Claims		
	ville, MD 20	850	ast 4 digits of account number	■ Part 2: (Creditors with Nonpriority Unsecured Cla	ims	
Part 4	Add the	Amounts for Each Type of Uns	ecured Claim				
	the amounts of unsecured o		s. This information is for statistical	reporting	purposes only. 28 U.S.C. §159. Add th	e amounts for each	
					Total Claim		
	Total 6a	Domestic support obligations		6a.	\$		
C	laims						
from F	Part 1 6b 60	•	-	6b. 6c	\$ 0.00		
	60	·	cured claims. Write that amount here.	6c. 6d.	\$ 0.00 \$ 0.00		
	66	e. Total Priority. Add lines 6a throu	gh 6d.	6e.	\$0.00		
					Total Claim		

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Debtor 1 Lati	isha J	ohnson	Case n	umber (if know)		
	6f.	Student loans	6f.	\$	0.00	
Total claims						
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	15,747.00	
•	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	15,747.00	

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					·
Fill in this info	rmation to identify you	r case:			
Debtor 1	Latisha Johnsoi	1			
	First Name	Middle Name		Last Name	-
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name	-
				Last Name	
United States B	Bankruptcy Court for the:	DISTRICT OF N	MARYLAND		-
Case number					
(if known)					Check if this is an
	 				amended filing
<u>Official Fo</u>	orm 106G				
Schedule	e G: Executor	y Contract	ts and Ur	nexpired Leases	12/15
nformation. If r	e and accurate as poss more space is needed, es, write your name and	copy the additiona	I page, fill it out	ng together, both are equally res t, number the entries, and attac	sponsible for supplying correct h it to this page. On the top of any
_ `	ve any executory contr	-			
			•	thedules. You have nothing else to	
☐ Yes. Fill	in all of the information	below even if the co	ntacts of leases	are listed on Schedule A/B:Prope	rty (Official Form 106 A/B).
2. List separa	ately each person or co	mpany with whom	n you have the c	ontract or lease. Then state wh	at each contract or lease is for (for
example, r and unexpi		phone). See the ins	structions for this	form in the instruction booklet for	more examples of executory contracts
and anexpi	ica icases.				
	r company with whom Name, Number, Street, C		act or lease	State what the contract or le	ase is for
2.1					
Name					
Number	Street			<u> </u>	
		Oteste	71D O- 4-		
City 2.2		State	ZIP Code		
Name				<u> </u>	
Number	Street				
City		State 2	ZIP Code		
2.3					
Name					
Number	Street			_ _	
Humber	- Judet				
City		State 2	ZIP Code		
2.4 Name				_	
Hallic					
Number	Street				
0.1		State	7ID Code		
City 2.5		State 2	ZIP Code		
Name					
Number	Street				
City		State	ZIP Code		

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Fill in this	information to identify your	case:			
Debtor 1	Latisha Johnson			,	
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	DISTRICT OF MARYLA	AND		
Case numb	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
		-1-4			
Schea	ule H: Your Cod	eptors			12/15
No Yes 2. Within Arizona No. (Yes.) 3. In Colum	, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou mn 1, list all of your codebt	I lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your	operty state or territory? erto Rico, Texas, Washing with you at the time? spouse as a codebtor if	? (Community propert gton, and Wisconsin.)	a with you. List the person shown
Form 16 out Col	06D), Schedule E/F (Official umn 2.	Form 106E/F), or Sched	tor or cosigner. Make su ule G (Official Form 1060	3). Use Schedule D,	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	olumn 1: Your codebtor me, Number, Street, City, State and Zil	P Code	1. 1878	Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	e
	ame			☐ Schedule E/F, I	
				☐ Schedule G, lin	
- Ni	ımber Street				
Ci		State	ZIP Code		
3.2				По	
	ame			☐ Schedule D, line	
				☐ Schedule E/F, I ☐ Schedule G, line	·
				L Scriedule G, III	<u> </u>
Nu Cit	imber Street	State	7IP Code		
Oil	7	Gialo	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

SHI	I in this information to identify your c	200							
	ebtor 1 Latisha Joh								
	ebtor 2 ouse, if filing)				_				
Un	ited States Bankruptcy Court for the	: DISTRICT OF MARY	'LAND						
1	ise number 		_				ed filing nent show	wing postpetition	
0	fficial Form 106I							e following date:	
	chedule I: Your Inc	ome				MM / DD/	YYYY		12/15
spo atta	oplying correct information. If you buse. If you are separated and you are separated and you are a separate sheet to this form. The second of the control o	r spouse is not filing w	rith you, do not inclu	ide infor	mation	about your sp	ouse. if	more space is	needed.
1.	Fill in your employment information.		Debtor 1			Debtor	2 of no	n-filing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emp	loyed		
	attach a separate page with information about additional employers.	Limpioyment status	☐ Not employed			□ Not e	employe	d	
	Include part-time, seasonal, or	Occupation Employer's name	Contactor Contactor						· · · · · · · · · · · · · · · · · · ·
	self-employed work. Occupation may include student or homemaker, if it applies.	Employer's name Center for Social Change Employer's address							
		How long employed t	there?						
Pai	rt 2: Give Details About Mor	nthly Income	 						
Esti spoi	mate monthly income as of the di use unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any lin	e, write \$0 in the	space.	Include your nor	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	mploye	ers for that pers	on on the	e lines below. If y	you need
					F	or Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, saladeductions). If not paid monthly, of			2.	\$	1,235.00	\$	N/A	
3.	Estimate and list monthly overti	me pay.		3.	+\$_	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$_	1,235.00	\$_	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Latisha Johnson	_	Cas	e number (if kno	wn)			
	Cop	by line 4 here	4.	F(or Debtor 1 1,235.	.00		ebtor 2 or iling spouse N/A	-
5.	l ist	all payroll deductions:							
o .	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ \$ \$ \$ \$	0. 0. 0. 0.	00 00 00 00 00 00 00	\$ \$ \$ + \$	N/A N/A N/A N/A N/A N/A	- - - -
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6	\$	195.		\$	N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,040.		\$	N/A	-
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$	0. 0. 0. 0.	00 00 00 00 00 00	\$ \$ \$ \$ \$ + \$	N/A N/A N/A N/A N/A	-
	OII.	Other monthly income. Specify.	OII.	, . 	U.	00	T 3	N/A	- - 1
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.	00	\$	N/A	<u>\</u>
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,040.00	\$_		N/A = \$	1,040.00
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12. \$Combin	
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					monthl	y income
		No. Yes. Explain:							
		· ++							

Official Form 1061 Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Latisha Johr	nson			Chec	k if this is:	
Deb	tor 2						An amended filing A supplement shov	ving postpetition chapter
l	ouse, if filing)						13 expenses as of	
Unit	ed States Bankr	uptcy Court for the	DISTRI	CT OF MARYLAND		Ī	MM / DD / YYYY	
	e number							
(If kı	nown)				.,			
Of	fficial Fo	rm 106J						
		J: Your	Exper	nses				12/1
Be info	as complete a	and accurate as	possible eded, atta	. If two married people ar ch another sheet to this	e filing together, bo form. On the top of	oth are equa any additio	ally responsible fo nal pages, write y	or supplying correct your name and case
Par		ibe Your House	hold					
1.	Is this a joir							
			in a separ	ate household?				
	□и	*						
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	hold of Debt	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		5	■ Yes □ No
					Son		12	■ Yes
								□ No
					Son		18	Yes
								□ No
3.	Do your exr	enses include	_	NI.				☐ Yes
•	expenses o	f people other t	han $_{\square}$	No Yes				
	yourself and	d your depende	nts?	165				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	ude expense value of sucl ficial Form 10	n assistance an	non-cash d have inc	government assistance i luded it on <i>Schedule I:</i> Y	f you know four Income	317	Your exp	enses".
4.	The rental of payments ar	or home owners and any rent for th	ship expen e ground o	ses for your residence. I	nclude first mortgage	4. \$		233.00
	If not includ	led in line 4:						
	4a. Real e	state taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
		•		ipkeep expenses		4c. \$		0.00
		owner's associa		dominium dues o <mark>ur residence,</mark> such as ho		4d. \$ 5. \$		0.00 0.00

Debtor 1	Latisha Johnson	Case num	ber (if known)	
i. Utili	ties:			
6a.	ties: Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
6d.	Other, Specify:	6d.	\$	0.00
	d and housekeeping supplies		\$	400.00
	dcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning	9.	\$	100.00
	sonal care products and services	10.		50.00
	lical and dental expenses	11.	\$	0.00
	nsportation. Include gas, maintenance, bus or train fare.			
	not include car payments.	12.	\$	75.00
Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.00
	ritable contributions and religious donations	14.	\$	0.00
	urance.			
Dor	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	0.00
15c	. Vehicle insurance	15c.	\$	180.00
15d	Other insurance. Specify:	15d.		Λ ΛΛ
Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	cify:	16.	\$	0.00
'. Inst	allment or lease payments:		_	
	. Car payments for Vehicle 1	17a.	·	0.00
17b	. Car payments for Vehicle 2	17b.	·	0.00
17c	Other Specify:	17c.		
17d	. Other. Specify:	17d.	\$	0.00
. You	ir payments of alimony, maintenance, and support that you did not report as	40	•	0.00
ded	lucted from your pay on line 5. <i>Schedule I, Your Income</i> (Official Form 106I).	18.		
. Oth	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	our Income.	0.00
20a	Mortgages on other property	20a.	·	0.00
	Real estate taxes	20b.	·	0.00
20c	Property, homeowner's, or renter's insurance	20c.		0.00
	. Maintenance, repair, and upkeep expenses	20d.	,	0.00
20e	. Homeowner's association or condominium dues	20e.		0.00
. Oth	er: Specify:	21.	+\$	0.00
0 0-1	- l-t was this average			
	culate your monthly expenses . Add lines 4 through 21.		\$	1,328.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		s	1,020.00
				4 220 00
220	and 22b. The result is your monthly expenses.		\$	1,328.00
ام ۲	culate your monthly net income.			
23a	Copy line 12 (your combined monthly income) from Schedule I.	23a.	. \$	1,040.00
234	Copy your monthly expenses from line 22c above.	23b.	-\$	1,328.00
200	Copy your monthly expenses non-miss and another			
230	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c	. \$	-288.00
	The result is your <i>monthly hat income</i> .			
24. Do	you expect an increase or decrease in your expenses within the year after y	ou file thi	s form?	
For	example, do you expect to finish paying for your car loan within the year or do you expect you	ır mortgage	payment to increase	or decrease because of a
mod	dification to the terms of your mortgage?			
	No			
	Yes Explain here:			

Fill in this informa	ation to identify your	case:			
Debtor 1	Latisha Johnson First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	cruptcy Court for the:	DISTRICT OF MARYLAND			
Case number					Check if this is an amended filing
Official Form			I (I o o le a de	.1	
<u>Declarati</u>	<u>on About a</u>	ın Individual De	ebtor's Scheal	lies	12/15
obtaining money of years, or both. 18	orm whenever you in or property by fraud in U.S.C. §§ 152, 1341, 1 Below	le bankruptcy schedules or a n connection with a bankrupt 519, and 3571.	cy case can result in fines up	to \$250,000, or im	prisonment for up to 20
Did you pay	or agree to pay some	one who is NOT an attorney t	to help you fill out bankruptc	y forms?	
■ No □ Yes. Na	ame of person				Petition Preparer's Notice, nature (Official Form 119)
	y of perjury, I declare true and correct.	that I have read the summary	and schedules filed with thi	is declaration and	
	Johnson of Debtor 1 / /	<u> </u>	Signature of Debtor 2		
Date	4 6	4	Date		

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Fill	l in this inforr	nation to identify you	r case:		er de	
De	btor 1	Latisha Johnsoi	1		Sida abo is .	(/ · · ·)
D-	h4a = 0	First Name	Middle Name	Last Name		静脉 安
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		Mathata
Un	ited States Ba	nkruptcy Court for the:	DISTRICT OF MARYLAN	D		
Ca	se number					
	nown)					Check if this is an amended filing
Of	ficial Fo	rm 107				
			Affairs for Individ	luals Filing for E	Bankruptcy	4/1
info nun	rmation. If mober (if know)	ore space is needed, n). Answer every que	ible. If two married people a attach a separate sheet to t stion. Irital Status and Where You	his form. On the top of an		
1.	What is you	r current marital statu	ıs?			
	_					
	☐ Married Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than v	where you live now?		
	■ No □ Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	t include where you live nov	<i>1</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
3. state			ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev			territory? (Community property on and Wisconsin.)
	■ No □ Yes, Ma	ike sure vou fill out Sch	nedule H: Your Codebtors (Of	ficial Form 106H)		
	1 03.146	ike sale you lill out oci	reduie II. Todi Codebiois (Cii	ida i dili 10011).		
Pai	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	Il businesses, including part	time activities.	us calendar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1 Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Debtor 2 Sources of Incom Check all that apply	
	· last calenda nuary 1 to De	r year: cember 31, 2015)	■ Wages, commissions, bonuses, tips	\$10,000.00	☐ Wages, commis bonuses, tips	sions,
			☐ Operating a business		☐ Operating a bus	iness

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De	ebtor 1	Latisha Johnson					Case number (if known)					
5.	Includ and o	id you receive any other income during this year or the two previous calendar years? clude income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery innings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
	List e	each s	ource and	the gross inc	come from e	each source separa	tely. Do	not include income	that you listed in li	ne 4.		
		No										
		Yes.	Fill in the d	letails.								
					Debtor 'Sources Describe	s of Income	each (befo	ss income from a source are deductions and usions)	Debtor 2 Sources of in Describe below	6624.26366666666666666.	Gross income (before deductions and exclusions)	
Pa	rt 3:	List	Certain P	ayments Yo	u Made Be	fore You Filed for	Bankru	ptcy				
6.	_	either No.	Neither E	ebtor 1 nor	Debtor 2 h	orimarily consume nas primarily consu , family, or househo	ımer de	bts. Consumer deb	bts are defined in 1	1 U.S.C. § 10	1(8) as "incurred by an	
				=	=	ed for bankruptcy, di	d you pa	ay any creditor a tot	tal of \$6,425* or mo	ore?		
			□ No. □ Yes	Go to line List below		tor to whom you pai	d a tota	l of \$6.425* or more	e in one or more pa	vments and th	ne total amount vou	
				paid that o	creditor. Do e payments		nts for do	omestic support oblaruptcy case.	ligations, such as c	hild support a	nd alimony. Also, do	
		Yes.				ve primarily consu ed for bankruptcy, di			tal of \$600 or more	?		
			■ No.	Go to line	7.							
			□ Yes	include pa	yments for	tor to whom you pai domestic support of ruptcy case.					creditor. Do not nclude payments to an	
	Cred	ditor's	s Name an	d Address		Dates of payme	nt	Total amount paid	Amount you still owe	Was this p	ayment for	
7.	Inside of whi	e <i>r</i> s ind ich yo siness	clude your ou are an c	relatives; any officer, directo	y general pa or, person in		any gen of 20% o	eral partners; partn r more of their votin	erships of which young securities; and a	ou are a gener ny managing	ral partner; corporations agent, including one for	
	_	No										
				ments to an i	nsider.			~~~~~~				
	insiç	aers	Name and	Address	i de la companya de	Dates of payme	nt	Total amount paid	Amount you still owe	Reason to	r this payment	
8.	inside	er?			-	tcy, did you make a signed by an insider		ments or transfer	any property on a	ccount of a	debt that benefited an	
	I	No										
		Yes. l	ist all payı	ments to an i	nsider							
	Insid	der's	Name and	Address		Dates of payme	nt	Total amount paid	Amount you still owe		r this payment ditor's name	

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	btor 1 Latisha Johnson		Case number	(if known)						
Pai	rt 4: Identify Legal Actions, Repossessions,	and Foreclosures								
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.									
	No									
	Yes. Fill in the details.	**************************************								
	Case title Case number	lature of the case	Court or agency	Status of ti	ie case					
10.	Within 1 year before you filed for bankruptcy, Check all that apply and fill in the details below.	was any of your property	repossessed, foreclosed	, garnished, attache	d, seized, or levied?					
	No. Go to line 11.									
	Yes. Fill in the information below.			\						
	Creditor Name and Address	Describe the Property	estimate P	Date	Value of the property					
		Explain what happened								
	JP Jenson Collections c 507 Bathurst Rd	collection for Ballys			Unknown					
	•	Property was repossess								
	_	☐ Property was foreclosed ■ Property was garnished.								
	_	☐ Property was attached, s								
11.	Within 90 days before you filed for bankruptcy accounts or refuse to make a payment because		ling a bank or financial ins	titution, set off any a	amounts from your					
	■ No	•								
	Yes. Fill in the details.	**************************************			**************************************					
	Creditor Name and Address	Describe the action the cr	editor took	Date action was taken	Amount					
12.	Within 1 year before you filed for bankruptcy, court-appointed receiver, a custodian, or anot		au in the possession of an a	ssignee for the ben	efit of creditors, a					
	No No									
	☐ Yes									
Pai	rt 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankruptcy	, did you give any gifts w	rith a total value of more th	nan \$600 per person	?					
	No									
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	Describe the gifts		Dates you gave	Value					
	per person	Document and Sinto		the gifts	244					
	Person to Whom You Gave the Gift and Address:				To Transfer How					
14.	Within 2 years before you filed for bankruptcy	, did you give any gifts o	r contributions with a tota	I value of more than	\$600 to any charity?					
	No	ution								
	Yes. Fill in the details for each gift or contrib Gifts or contributions to charities that total	ution. Describe what you co	ontributed	Dates you	Value					
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe What you co		contributed	Yalue					

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Debto	Debtor 1 Latisha Johnson			Case number (if known)					
Part 6	6:	List Certain Losses							
15. V	Vithi or ga	n 1 year before you filed for bankro mbling?	iptcy or since you	filed for bankruptcy, did y	ou lose any	thing because of the	ft, fire, other disaste		
	_	No							
	۱ ر	es. Fill in the details.							
[Desc how	ribe the property you lost and the loss occurred	Include the amoun	urance coverage for the lo	ist pending	Date of your loss	Value of property lost		
D				on line 33 of Schedule A/B:	Ргорепу.	X 4 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Part 7	/ :	List Certain Payments or Transfer	<u> </u>						
C	onsi	n 1 year before you filed for bankru ulted about seeking bankruptcy or e any attorneys, bankruptcy petition	preparing a bankru	uptcy petition?			erty to anyone you		
_	_ `	No.							
L	J Y	es. Fill in the details.							
, E	Addr Emai	on Who Was Paid ess il or website address on Who Made the Payment, if Not \	transferre	on and value of any prope ed	erty	Date payment or transfer was made	Amount of payment		
pi	romi o no	1 1 year before you filed for bankruised to help you deal with your cret include any payment or transfer that do	ditors or to make p	avments to your creditors	behalf pay o	or transfer any prope	rty to anyone who		
1000	.270000000000	on Who Was Paid	Description transferre	on and value of any prope ed	erty	Date payment or transfer was made	Amount of payment		
tra In	ansf clude clude N	n 2 years before you filed for banks erred in the ordinary course of you e both outright transfers and transfers e gifts and transfers that you have als lo es. Fill in the details.	r business or finar made as security (s	ncial affairs? such as the granting of a se		erty to anyone, othe			
50000	Perso Addro	on Who Received Transfer ess		on and value of transferred		any property or received or debts	Date transfer was made		
P	erso	on's relationship to you			paid in exc	snange			
9. W	enefi •	n 10 years before you filed for bank iciary? (These are often called <i>asset</i>	ruptcy, did you tra protection devices.)	nsfer any property to a se	elf-settled tru	st or similar device	of which you are a		
		o							
<u> </u>	- •	es. Fill in the details.							
N	lame	of trust	Description	on and value of the prope	rty transferre	ed	Date Transfer was made		

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Debtor 1 Latisha Johnson		Latisha Johnson	Case number (if known)					
Pa	t 8:	ist of Certain Financial Accounts, Ins	truments, Safe Depos	t Boxes, and Stor	age Units			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed,							
	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage							
		s, pension funds, cooperatives, assoc			•	_		
	■ N	=						
		es. Fill in the details.				1 1		
	3886 (0.000230)	of Financial Institution and ISS (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of accoun instrument	t or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ N	0						
	□ Y	es. Fill in the details.						
		of Financial Institution ISS (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Pescribe the contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ N	0						
	□ Ye	es. Fill in the details.						
		of Storage Facility SS (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number,		escribe the contents	Do you still have it?		
			State and ZIP Code)					
Pa	t 9:	dentify Property You Hold or Control f	or Someone Else					
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	■ N	0						
	□ Y	es. Fill in the details.						
		r's Name ISS (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Pescribe the property	Value		
Pa	t 10:	Give Details About Environmental Info	rmation					
•		pose of Part 10, the following definitio						
FUI	ale pui	pose of Part 10, the following definition	iis appiy.					
	toxic s	nmental law means any federal, state, ubstances, wastes, or material into th tions controlling the cleanup of these	e air, land, soil, surfac	e water, groundw	•			
	to own	eans any location, facility, or property , operate, or utilize it, including dispos	sal sites.					
		<i>lous material</i> means anything an envir lous material, pollutant, contaminant, c		as a hazardous w	raste, hazardous substance, to	kic substance,		
Rep	ort all n	otices, releases, and proceedings that	t you know about, reg	ardless of when th	ney occurred.			
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	■ N	0						
	□ Y	es. Fill in the details.						
	342302323	of site ISS (Number, Street, City, State and ZIP Code)	Governmental ur Address (Number,		Environmental law, if you know it	Date of notice		

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De	otor 1 <u>Latisha Johnson</u>		Case number (if known)					
25	Have your matified any never montal unit of a	unu rologgo of hazardoue material?						
25.	_							
	No Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adm	inistrative proceeding under any env	ironmental law? Include settlements	and orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title	Court or agency	Nature of the case	Status of the case				
	Case Number	Name Address (Number, Street, City, State and ZIP Code)						
Pa	rt 11: Give Details About Your Business or C	Connections to Any Business						
27.	•			y business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability compa	any (LLC) or limited liability partnersh	nip (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.							
	☐ Yes. Check all that apply above and fill	in the details below for each busines	s.					
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification numbe Do not include Social Security Dates business existed					
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	cy, did you give a financial statement	to anyone about your business? Incl	ude all financial				
	■ No							
	☐ Yes. Fill in the details below.		******					
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Pa	rt 12: Sign Below							
are wit	tive read the answers on this Statement of Final true and correct. I understand that making a factor as a bankruptcy case can result in fines up to \$1.5.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, 3250,000, or imprisonment for up to 2	or obtaining money or property by fra	hat the answers aud in connection				
	tisha Johnson gnature of Debtor/1	Signature of Debtor 2						
Da	4/16/1/2	Date						
Did ■	you attach additional pages to <i>Your Stateme</i> No	nt of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 1	07)?				
	Yes							
Did	you pay or agree to pay someone who is not	an attorney to help you fill out bankr	upicy forms r					
	Yes. Name of Person Attach the Bankrup							
		ent of Financial Affairs for Individuals Filin		page				

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Debtor 1 Latisha Johnson Case number (if known)

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164708

United States Bankruptcy Court District of Maryland

		District of ivial yland	10.0	: BARAMINE.	
In re	Latisha Johnson		Case No.	14077F-1492-10	
		Debtor(s)	Chapter	7() 2/11/11/11	

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: Olusha Ohnsa

Latisha Johnson Signature of Debtor Automotive Credit Corp 26261 Evergreen Rd 300 Southfield, MI 48076

Credit Collection Service PO Box 55126 Boston, MA 02205

Credit Systems 1277 Country Club Lane Fort Worth, TX 76112

Enhanced Recovery Company PO Box 57547 Jacksonville, FL 32241

IC System
PO Box 64378
Saint Paul, MN 55164

Injury Treatment Center of MD, LLC 8660 Liberty Rd Baltimore, MD 21239

JP Jenson Collections 507 Bathurst Rd Catonsville, MD 21228

Phoenix Financial Service 8902 Otis Ave 103A Indianapolis, IN 46216

R and R Recovery PO Box 21575 Baltimore, MD 21282 Robert D Wagman 1390 Piccard St 315 Rockville, MD 20850

Sinai Hospital of Baltimore 2401 W Belvedere Ave Baltimore, MD 21215

SW Credit Systems Inc 4120 International 100 Carrollton, TX 75007

Transworld Systems PO Box 15609 Wilmington, DE 19850